



MARYLAND
Department of Health

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

APPLICATION FOR MORTUARY TRANSPORT SERVICE PERMIT

PLEASE MAKE NON-REFUNDABLE CHECK PAYABLE TO THE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
FAILURE TO RENEW LICENSE ON OR BEFORE OCTOBER 15th WILL RESULT IN A PENALTY FEE OF \$400

\$350 1-3 TRANSPORTERS
\$500 4-7 TRANSPORTERS
\$750 8-15 TRANSPORTERS
\$1,000 16+ TRANSPORTERS

Please print name: _____

SECTION I – GENERAL INFORMATION - This section must be completed in full.

A. Mortuary Transport Service Name: _____

B. Federal Tax ID: -

C. Ownership Structure: _____

D. Mailing Address: _____

E. Social Security Number: - -

F. Date of Birth: - -

G. Race (Please circle all applicable): 1-White 2-Black or African American
3-American Indian or Alaska Native 4-Native Hawaiian or Pacific Islander 5-Asian 6-Other

Are you of Hispanic or Latino origin? Yes ☐ No ☐

H. Phone Number: - -

I. Fax Number - -

J. Email Address: _____

- K. List other Licenses or Permits issues to you by the Maryland Board of Morticians and Funeral Directors

License/Permit Number:

- L. Co-Owner 1 Name: _____

Co-Owner 1 Social Security Number: - -

Co-Owner 1 Date of Birth: - -

- M. Co-Owner 2 Name: _____

Co-Owner 2 Social Security Number: - -

Co-Owner 2 Date of Birth: - -

SECTION II – INSURANCE & VEHICLES

- N. Liability Insurance Carrier [\(Include a copy of declaration page\):](#) _____

Policy Number: _____

- O. Motor Vehicle Insurance Carrier [\(Include a copy of declaration page\):](#) _____

Policy Number: _____

- P. Surety Bond or Letter of Bondability [\(Include a copy\):](#)

- Q. Make: _____

Model: _____

Vehicle Registration Number: _____

- R. Make: _____

Model: _____

Vehicle Registration Number: _____

SECTION II – TRANSPORTERS CURRENTLY REGISTERED

- S. TRANSPORTERS CURRENTLY EMPLOYED – Please complete a Data Sheet for each Registered Transporter registered with your company.

NAME

PERMIT NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant Signature

I certify that the above statements, to the best of my knowledge and belief are true, correct, and completed and made in good faith. I do solemnly swear that the crematory operated under this permit will be operated strictly in compliance with all laws, rules, and regulations of the Maryland Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Applicant Signature

Date